



REEMPLOYMENT AND ELIGIBILITY ASSESSMENT QUESTIONNAIRE

Complete the **front and back** of this form and bring it to your interview. Do not bring your Continued Claim Form to this appointment. Mail your continued claim form in the envelope provided in the usual manner and time.

FAILURE TO ATTEND THIS APPOINTMENT MAY AFFECT YOUR ELIGIBILITY TO RECEIVE UNEMPLOYMENT INSURANCE BENEFITS.

Name _____ Social Security Number _____

1. List your usual occupation(s) _____ Length of Experience _____ Last rate of pay _____

2. Date you were last employed: _____
3. What type of work are you seeking? _____
4. Lowest Wage you will accept to start work: Hour _____ Week _____ Month _____
5. What work shift are you willing to accept? _____
6. What transportation will you use to and from work? _____
7. How much time are you willing to spend to get to a job? _____
8. In what areas/localities are you willing to accept work? _____
9. How many employers do you usually contact each week? _____
10. Are there any days during the week you will not or cannot work? Yes No
If yes, list the days and the reason you cannot work.

11. Are you self-employed or plan to become self-employed? Yes No
12. Are you enrolled in or planning to enroll in school or training? Yes No
- 13a. If you are a union member, write the name and union number.
Name _____ No. _____
- 13b. Are you registered as out of work with your union? Yes No
- 13c. What does your union require you to do to be eligible for dispatch to work? _____
- 13d. Since your last job have you (if yes to any question, write date and explain)
1. Missed any roll call? Yes No
2. Been dispatched to a job? Yes No
3. Refused a dispatch to a job? Yes No
Date: _____ Explanation: _____

COMPLETE THE WORK SEARCH QUESTIONNAIRE ON THE REVERSE

WORD SEARCH QUESTIONNAIRE

Name: _____ Social Security Number: _____

Complete the sections below listing the places you looked for work during the two weeks prior to the receipt of the form. Bring the completed form to your **Reemployment and Eligibility Assessment Interview**. **Failure to look for work in any week may affect your eligibility to receive unemployment insurance benefits.**

I understand the questions on this form. I know the law provides penalties if I make false statements or withhold facts to receive benefits; my answers are true and correct.

Signature:

Date